# 2024 QUARTERLY PROJECT AND EXPENDITURE STATUS REPORT

This report is to be completed by the subrecipient. The information should be as of the end of the quarter and submitted by the 10th day of the following month, or first business day thereafter (for example, April 10th report would represent January-March activity).

1. **Organization:**

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Subaward ID Number** |  |
| **Reporting Quarter** |  |

1. **Financial Summary:**

|  |  |  |
| --- | --- | --- |
| **Total Funding Awarded** | **Total Funding Received to Date** | **Balance to be Received** |
|  |  |  |

1. **Financial Quarterly Reporting:**

|  |  |  |
| --- | --- | --- |
| **Reports Submitted for this Quarter** | **Total Costs Reported** | **Capital Expenditures Reported** |
| Month 1 monthly expenditure report |  |  |
| Month 2 monthly expenditure report |  |  |
| Month 3 monthly expenditure report |  |  |
| **Total Quarterly Costs Incurred** |  |  |
| **Total Cumulative Award Costs Incurred** |  |  |

1. **Project Status (check one box):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Not Started** | **Completed < 50%** | **Completed > 50%, but < 100%** | **Completed** |
|  |  |  |  |

1. **Capital Expenditures:** Organizations shall detail below how the organization plans to spend remaining funding, the type of capital expenditures that have already been incurred and those that are planned to be incurred, including an estimate of total expected capital expenditures and whether progress-do-date on capital expenditures aligns with overall project progress..

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1. **Performance:** Organizations shall detail below how the organization has spent funding allocated for the specific purpose as stated in the grant agreement. The description should include activities and progress against the scope of work and outcomes of that work. Attach additional documents as necessary.

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| **Descriptive summary of how funds have been used, including specific deliverables achieved, and progress against objectives and outcomes expected to be achieved.** |

By:   
Authorized Physical Signature:   
Title:   
Date: